DEPA	RTMENT	OF P	UBLI	C HEALTH AND WELFARE	ARD CERTIF		. DEA !!!	1/225	<u>-62-03</u>	1300_
DO NOT WRITE ON THIS STUB	AMEN			Registration District NoPrir		ct No. / 0 8	Registrar's No.	Y336	STATE FILE NU	
ON 1813 310B			- 1	1. PLACE OF DEATH	2		2. USUAL RESIDEN	CE (Where decease	ed lived. If institution:	Residence before
VS 300			1	a. COUNTY Jackson			a. STATEMISS	ouri ^{6. coun}	Jackson Jackson	admission)
Rev. 4/59	vend 62		1	b. CITY (If outside corporate limits, give TOWN OR	SHIP only) Leng	th of stay in 1b	c. CITY			Inside Limits
,	1 1 1 1 1 1 1 1 1 1	11	1_	TOWN Kansas City		yrs.	TOWN A	nsas Cit	У	Yes 🙀 No 🗀
	DATE AMENDED .0/22/62	1	ı	 FULL NAME OF (If NOT in hospital, give local HOSPITAL OR 	tion)	Inside Limits	d. STREET ADDRESS	(If cut	tside, give location)	Reside on Farm
23408	10 0		i –	INSTITUTION 3019 Euclid		Yes X No 🗆		3 0 19 Euc	lid	Yes [] Nox[
3			1	3. NAME OF DECEASED First (Type or print) 1143 74	Middle		Last	4. DATE OF DEATH	Month Day	Year
4 0			I _	(Type or print) William		Sim	pson		8 21	62
42				5. SEX 6. COLOR OR RACE	7. Married X N Widowed □	lever Married Divorced	8. DATE OF BIRTH	9. AGE (last birt	hday) IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
5				ale Negro 0a. USUAL OCCUPATION (Give kind of work done	10b, KHND OF BUSIN		9-17-85	77		
6	2] '	during mass of vectors life, even if refired)	English	ESS OK INDUSIK	Lockesb		untry) 12. CITIZEN OF USA	WHAT COUNTRY
7 /	3 [1	3a. FATHER'S NAME	13b. MOTHER	S MAIDEN NAM		,	E OF HUSBAND OR WIFE	
	3		J	ohn Simpson	Han	na B uno	- Rurns	Lu	cy Simpson	
8 0	2		, Ti	5. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL	SECURITY NO.	17. INFORMANT	•	Address	
9434/			C	Yes, no, or unknown) (If yes, give war or dates of	*1	•	Mrs. Lucy	Simpson	. 3 6 19 Eucl:	
10	Dr. AR		: -	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY	line for		•	<u> </u>	in or	TERVAL BETWEEN
	유	4		IMMEDIATE CAUSE (a	//	ONTE	les 7	nemo	nea) Stay 2
11) 🔾	COLIMENT			1/1	2		0)_ /	1/m
1290-2	INSTEAD (Hanna	2		Conditions, if any, DUE TO (I which gave rise to	o)	onst	Alin	Carlle	ac feller	4716
13				above cause (a), } stating the under-	Ų.		1-0	_		
			I _	lying cause last. DUE TO (in	ny	, , ,	/	
	·		ĕ	PART II. OTHER SIGNIFICANT C disease condition given	ONDITIONS CONTRIB in PART I (a)	UTING TO DEAT	H but not related to	the terminal		was female wa ncy in last 90 days
	<u> </u>		Σ̈́				(-	☐ Yes ☐ I	No Unknow
) V	[{	CERTIFICATION	19. WAS AUTOPSY 20a. ACCIDENT SUICID PERFORMED?	E HOMICIDE 2	Ob. DESCRIBE HO	W INJURY OCCURRED.	(Enter nature of in	jury in PART I or PART II	of item 18.)
		100%	` \	YES NO						
ON		1 18	WEDICAL	20c. TIME OF Hour Month, Day, Year INJURY a.m.						· · · · · · · · · · · · · · · · · · ·
	`	Įë	3 8	p.m.	OF INJURY (e.g., in a	- shout home 1 C	ROF. CITY, TOWN, OR	LOCATION	COUNTY	STATE
BLACK INK OR RITER RIBBO	၂၂	7	d	20d. INJURY OCCURRED 20e. PLACE WHILE AT WORK farm, NOT WHILE AT WORK	factory, street, office b	ldg., etc.)	ioi. Citt, TOWN, OK	LOCATION	COUNT	SIAIE
2 % 8	READ Burn		j	A I	7 15(3		1//	her		16/2
글으를		(A)	Ls	21. I attended the deceased from	<u> </u>	=, 10_		last saw her alive	on	~// 6
<u>,,, ∑</u>		1 ì	L CU	Death occurred at		m on m		nd to the best of m	y knowledge, from the ca	
USE BLAC OR TYPEWRITER	SHOULD READ Hanna Bur	Ö	=	22a. SIGNATURE (Des	gree or title)	\supset	22b. ADDRESS	C	DEAN	22c. DATE SIGNE
F	S II		72	38. BURIAL, CREMATION, 1236. DATE	PSC NAME OF C	EMETERY OR CRE	MATORY 2	d. LOCATION (Cir	y, town, or county)	(State)
		\0\2	2. (2)	Removal (Specify) Removal (Specify) 8-29-62		•	-	· · · ·	.,,,,	kansæ
	EM.NO.	AFFIDA)	-2	4. FUNERAL DIRECTOR ADI	Oakgro	DV C. 25, DAT	E RECD. BY LOCAL RE	JOCKESBU: G. 26. REGISTR	AR'S SIGNATURE	
		\ \a	. ▮ 〒	ones & Stevens Mortual	ry Inc.	8	2Z-62	Russ	the Lone	
I	1 1 1	1 1	- -			balmer's Staten	nent on Reverse Side)		7	

STATEMENT BY LICENSED EMBALMER

	a viva ambaland bir ma
I hereby certify that the body whose hame is recorded on the reverse side of this certificate	was embarned by me,
or by	almer No.
	/////
working under my personal supervision.	11/1000
StudentSigned_MSigned_Student	
Signature of Student Embalmer	//KC/SM
Licensed Embalme	No Charles
The Electrised Embalance	77/1/1/
P. O. Address	3/1 Dunos
	W 77 /2/30
Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRIT	INS. (Failed e to scome ty
with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.	
If this body is not embalmed, fact should be so stated above.	